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# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/530107

## Total Fee Calculation

	Fee Code	Total # Claims	Number Entered	N	Fee	Fee	Total
	Sm-Lg				Sm Entry	Lg Entry	
Basic Filing Fee	<u>201/101</u>						<u>690</u>
Total Claims > 20	<u>201/101</u>	<u>934</u>	<u>20</u>	<u>914</u>			<u>16,452</u>
Independent Claims > 1	<u>202/102</u>	<u>24</u>	<u>1</u>	<u>21</u>			<u>1638</u>
Multi-Dep Claim Present	<u>204/104</u>						<u>260</u>
Surcharge	<u>205/105</u>						<u>130/65</u>
English Translation	<u>119</u>						
<u>TOTAL FEE CALCULATION</u>							<u>19,170</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 19,170

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 19,170

S/MC

Office of Initial Patent Examination

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

09/550107

**CLAIMS AS FILED - PART I**

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	FEE
	345.00
X\$ 9=	1494
X39=	819
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	16452
X78=	1638
+260=	260
TOTAL	19040

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE	186	166
TOTAL CLAIMS	934 minus 20=	914
INDEPENDENT CLAIMS	24 minus 3=	21
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.